



Wisconsin Department of Public Instruction  
**DISTRICT REQUEST FOR SHORT-TERM SUBSTITUTE PERMIT**  
PI-1622-Sub (Rev. 04-14)

Telephone: 608-266-1027 or  
800-266-1027

Website: <http://tepdli.dpi.wi.gov/>

This form is available at: <http://tepdli.dpi.wi.gov/licensing/supplementary-forms>

**Instructions for the Applicant:** You must submit this form to your employing school district so they may complete the request section below. After the completed form has been returned to you, scan the document and upload when applying for your Short-Term Substitute Permit in the ELO (Educator Licensing Online) system.

**Instructions for the Employer:** Complete the request and return the completed form to the applicant.

APPLICANT INFORMATION	
Legal Name <i>Last, First, Middle</i>	Social Security Number* <i>Last 4 Digits Only</i>
Other / Previous Names	

  

ADMINISTRATOR INFORMATION
School District
Requested Start Date July 1, ____
Name of Administrator <i>First and Last Name</i>

  

SIGNATURE	
<b>I, THE EMPLOYING ADMINISTRATOR,</b> request that the Department of Public Instruction issue a Short-Term Substitute Permit to this applicant since our district has a shortage of fully-licensed substitute teachers and I attest that substitute teacher training will be provided.	
Signature or Employing Administrator  ➤	Date Signed <i>Mo./Day/Yr.</i>

\*Collection of social security number is a requirement of s.118.19(1m) and 1(r). It is used solely for validation purposes and will not be released without written permission.